

ESSEX EDUCATION COMMITTEE.

REPORT
OF
SCHOOL MEDICAL OFFICER
ON THE
Medical Inspection and Treatment of
School Children
FOR THE
YEAR ENDED 31st DECEMBER, 1923.

CHELMSFORD:
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P R E F A C E .

TO THE CHAIRMAN AND MEMBERS OF THE ESSEX EDUCATION COMMITTEE.

In accordance with the requirements of the Board of Education, I have the honour to submit to you the Fifteenth Annual Report on Medical Inspection and Treatment of School Children in the Administrative County of Essex for the year ended 31st December, 1923.

Tables I. to IV. (Annual Returns) have been re-arranged to meet the requirements of the Board of Education, with a view to their simplification and to making them more comparable with those of other areas.

The outstanding feature of the year's work has been the large increase in the number of inspections of Elementary School Children carried out as compared with the previous year's figures, viz. :—

	1922.	1923.	Increase.
Three age groups ...	16,644	24,253	7,609
Specials ...	6,422	7,715	1,293
Re-inspections ..	1,606	2,917	1,311
	<hr/> 24,672 <hr/>	<hr/> 34,885 <hr/>	<hr/> 10,213 <hr/>

Over one-half of the children in attendance at the Elementary Schools came under the observation of the School Medical Staff during the year 1923. The ideal would be that every child should be seen twice a year by the School Doctor.

A close scrutiny of the results of the examination of entrants reveals the fact that a considerable number (30—40 per cent.) of preventable physical defects arise during pre-school years, showing how essential it is that more attention should be paid to these important first years of a child's life. There is ample scope under the Maternity and Child Welfare Act for the provision and extension of Medical and Nursing Services and Child Welfare Centres. The question of finance has very largely limited these activities to the first twelve months of child life, leaving the remaining pre-school years unprovided for, apart from the parental responsibility which in normal cases ought to be sufficient for each child's welfare. With these limitations two positions are created—(1) A child is often handicapped on the threshold of school life, and (2) additional work is created for the Education Committee.

There are difficulties in maintaining a uniform service throughout a County where there is more than one Authority in charge of the Maternity and Child Welfare Schemes. In the Part III. area of Essex, the County Council are the Child

Welfare Authority in 26 out of 40 Sanitary Districts. In the Administrative County there are 15 different Authorities, each carrying out its own Maternity and Child Welfare Scheme. The Combined Medical and Nursing Scheme has, however, done much to bring about a closer co-operation in the health services, which could be further improved in this respect by the establishment of Nursery Schools. The best environment of a child under five ought to be its home, but in unsatisfactory home surroundings which are likely to retard the development of the child a Nursery School would appear to be the most suitable alternative. Every Education Committee has power in special circumstances to supply, or aid in the supply of, such schools and to attend to the health of the children between the ages of two and five years.

The work during the past year has been carried out with the minimum of Staff owing to the continued economic restrictions. In a recent return published by the County Accountants' Society, giving particulars of the cost of the Medical Services of 55 Counties in England and Wales, it is shown that 50 of the Counties spend more than Essex per head of school population and four spend less. With this shortage of Medical Staff it has been impossible to undertake any research work. Every effort has, however, been made to fulfil the primary objects of Medical Inspection, viz., the detection and prevention of disease and defects in their early stages, and the results show that there has been a great improvement in the physical condition of the children in this County. The children are now cleaner, better clad and more cared for than was the case 14 years ago, as will be seen from the following figures :—

				Percentage of Routine Children Examined.	
				1909.	1923.
Uncleanliness ...	...	...	...	7'4	2'5
Insufficient Clothing	...	...	...	4'5	'01
„ Footgear	...	...	...	4'0	'01
Malnutrition ...	...	...	...	7'7	1'3
Tonsils and Adenoids	...	...	...	17'9	7'1
Ear defects ...	...	...	...	1'7	1'2
Eye „ ...	...	...	...	13'8	5'5

It is pleasing to record that the Education Committee have made additional provision in the estimates for the year 1924-25 for the ameliorative aspect of the work which leads me to hope that during the next few years increasing attention will be paid to the following :—

- (1) Supervision and care of every child up to school age.
- (2) Physical and mental fitness of every child when admitted to school and during school life.
- (3) Annual inspection, at least, of every child in the school.
- (4) Comprehensive preventive and curative schemes for the defects of the eye, ear, nose, throat, teeth, &c.
- (5) More effective control of outbreaks of infectious disease.
- (6) Care and after-care of school children.

I take this opportunity of recording my indebtedness to the Chairman and Members of the Education Committee and Medical Inspection Sub-Committee. My thanks are also due to the Director of Education, Head Teachers, Clerks to the District Education Sub-Committees and the Medical, Dental, Nursing and Clerical Services for their hearty co-operation and assistance.

I desire, also, to thank the Chief Assistant County Medical Officer, Dr. T. P. Puddicombe, for compiling this Report and for his help throughout the year.

W. A. BULLOUGH,
School Medical Officer.

PUBLIC HEALTH DEPARTMENT,
PRUDENTIAL BUILDINGS,
CHELMSFORD.

27th March, 1924.

ESSEX EDUCATION COMMITTEE.

ANNUAL REPORT OF THE SCHOOL MEDICAL OFFICER FOR 1923.

1. Staff, &c.

The estimated population for the Geographical County of Essex for 1922 was 1,467,184, made up as follows :—

(1) Administrative County area in which the Essex Education Committee are responsible for—

(a) Both Elementary and Higher Education...	458,154
(b) Higher Education only	461,600
(2) County Boroughs	547,430

In area (1) (a) mentioned above, there are 418 Elementary Schools with 518 departments, consisting of 252 Non-Provided and 166 Council Schools (including three special day schools for mentally defective children and one Intermediate School), the average attendance for 1923 being 56,940, and seven Secondary Schools with accommodation for 1,723 pupils. The acreage of this area is 928,502.

Area (1) (b) has 14 Secondary and Trade Schools with accommodation for 4,163 pupils.

The Medical, Dental and Nursing Staff on the 31st December, 1923, consisted of the following :—

(a) *School Medical Officer.*

W. A. Bullough, M.B., Ch.B., M.Sc., D.P.H., County Medical Officer.

(b) *Chief Assistant School Medical Officer.*

T. P. Puddicombe, D.S.O., M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.
Chief Assistant County Medical Officer.

(c) *Assistant School Medical Officers.*

(i) Chiefly occupied in School Medical Inspection, but also assist in Child Welfare Work :—

Maud Bennett, L.R.C.P., L.R.C.S.
Mary D. Rankine, M.B., Ch B., D.P.H.
Ethel U. Vawdrey (Mrs), L.R.C.S., L.F.P.S.

(ii) Remainder of time occupied as Tuberculosis Officer :—

Charlotte R. Brown (Mrs.), L.R.C.P., L.R.C.S.
A. H. Jacob, L.R.C.P., L.R.C.S.

(iii) Remainder of time occupied as Local Medical Officer of Health, Tuberculosis Officer and Child Welfare Officer :—

W. H. Alderton, M.R.C.S., L.R.C.P., D.P.H.
 P. J. Gaffikin, M.D., B.Ch., B.A.O., D.P.H.
 W. A. Milne, M.B., Ch.B., D.P.H.
 J. Ramsbottom, M.B., Ch.B., D.P.H.
 J. S. Ranson, M.R.C.S., L.R.C.P., D.P.H.
 S. R. Richardson, M.D., B.Ch., D.P.H.
 R. H. Vercoe, M.R.C.S., L.R.C.P., D.P.H.
 W. B. Wood, M.D., Ch.B., M.R.C.P., D.P.H.

(iv) Other Medical Officers :—

During the year 1923 the following Medical Officers rendered part-time service as School Medical Inspectors :—

H. V. Crossfield, M.B., C.M., who resigned on 30th September, 1923.
 K. Simpson, M.D., M.R.C.P., D.P.H., appointed 1st September, 1923 as Combined Medical Officer for Barking, and undertakes Secondary School Inspection in that District for the Essex County Council.

(d) *Dental Staff.*

During 1923 the part-time services of the following Dental Surgeons were utilised in the districts named :—

Dentist.		District.
J. N. Baxter, L.D.S., R.C.S., R.F.P.S.	...	Lexden and Winstree and Tendring
J. E. Bonner, R.D.S.	...	Maldon
A. Goodey, L.D.S., R.C.S.	...	Belchamp and Halstead
R. W. Griffin, L.D.S., R.C.S.	...	Rochford
V. S. Houchin, D.D.S., L.D.S., R.C.S.	...	Billericay
F. L. King, L.D.S., R.C.S.	...	Wanstead and Epping
D. F. Lewis, L.D.S., R.F.P.S.	...	Tendring
E. I. Morgan, L.D.S., R.C.S.	...	Saffron Walden and Stansted
G. E. Phillips, L.D.S., R.C.S.	...	Woodford
F. C. Ritchie, L.D.S., R.C.S.	...	Romford
W. S. Rose, L.D.S., R.C.S.	...	Orsett
N. Smith, R.D.S.	...	Chelmsford
Miss M. J. White, L.D.S., R.C.S.	...	Epping
L. G. Whelpton, L.D.S., R.C.S.	...	Tendring

Arrangements have also been approved for the following Dental Surgeons to undertake dental work, which did not commence until 1924 :—

E. R. Howlett, L.D.S., R.C.S. ... Braintree and Dunmow
 G. M. Hick, L.D.S., R.C.S. ... Ongar

(c) *School Nurses.*

The following Health Visitors were acting as School Nurses on 31st December, 1923, in the Districts mentioned :—

District.	Name.	Qualifications.
Billericay	.. D. Landon	.. General Training and Certified Midwife
"	.. A. M. Crisp	.. " " R.S.I.
Braintree	.. H. J. Watson	.. " "
"	.. A. F. Skey	.. General Training
Chelmsford	.. A. M. Wood	.. King's College Certificate
Dunmow, &c.	.. J. E. Crocker (Mrs.)	General Training and Certified Midwife
Stansted, &c.	.. A. E. Chittenden	.. " " R.S.I.
Epping..	.. L. Macpherson	.. " "
Buckhurst Hill, &c.	.. M. A. R. Davie	.. King's College Certificate
Halstead, &c.	.. J. Jossaume	.. General Training and Certified Midwife
"	.. M. Butler	.. " "
Lexden & Winstree	.. L. E. Ling	.. " "
Maldon..	.. A. F. Philpott (Mrs.)	.. " "
" ..	.. B. A. Burnett (Mrs.)	.. " "
Ongar ..	.. R. L. Mann	.. Sanatorium Training
Orsett ..	.. A. D. Wall (Mrs.)	.. General Training
" ..	.. E. H. Moorman	.. " "
Tilbury ..	.. *W. Walton (Mrs.)	.. Health Visitor's Certificate (Battersea Polytechnic), Certified Midwife and R.S. .
Rochford	.. M. Waterhouse	.. King's College Certificate
Romford	.. A. E. Newby	.. General Training
"	.. G. M. White	.. General Training and Certified Midwife
Saffron Walden	.. B. I. Southall (Mrs.)	.. " " R.S.I.
Tendring	.. M. Steele	.. General Training
"	.. A. C. G. Wallace	.. General Training and Certified Midwife
Clacton	.. *A. F. Hawes	.. " "
Walton..	.. *A. Sollars	.. Certified Midwife
Waltham Abbey, &c.	.. E. M. Bowes	.. General Training and Certified Midwife
Wanstead & Wood- ford ..	.. E. F. Carnall	.. General Training

*Part-time.

2. Co-ordination of Health Work.

There has been further progress in combining health and school appointments during the year in that the appointments forecasted in the Report for 1922 have been made, viz. :—

(1) Halstead Urban and Rural and Belchamp and Bumpstead Rural Districts. Dr. J. S. Ranson was appointed as Combined Medical Officer of Health, Tuberculosis Officer, Child Welfare Officer and School Medical Inspector, and took up duty on the 17th September, 1923.

(2) Braintree Urban and Rural and Dunmow Rural Districts. Dr. P. J. Gaffikin was appointed as Combined Medical Officer of Health, Tuberculosis Officer, Child Welfare Officer and School Medical Inspector, and took up duty on the 1st October, 1923.

The advantages of such combined appointments were fully discussed in last year's report.

As regards the Health Visitors, the combined duties have continued with advantage to the work in general, and fuller use has been made of the services of the 125 District Nurse Midwives in assisting to supervise and follow up treatment of school children.

The Staff of Health Visitors has been strengthened by the decision of the Committee to appoint Miss D. Landon as Chief Health Nurse. This progressive step should greatly assist in producing increased and better treatment results, together with more uniformity and a general standardisation of cleanliness of children throughout the County. By an arrangement with the Essex County Nursing Association, this Chief Health Nurse will also supervise the work of the District Nurse Midwives, her combined duties being :—

1. DUTIES FOR COUNTY COUNCIL.

- (a) To assist in initiating and supervising the Health Visitors, District Nurse-midwives and Nurses so far as the duties are undertaken on behalf of the County Council.
- (b) To assist in inspecting the work of the Health Visitors at the Child Welfare Centres, School Clinics and Tuberculosis Dispensaries and in the establishment of new Centres, Clinics, &c.
- (c) To assist in the inspection of Certified Midwives and in making special investigations.
- (d) To attend meetings of District Education and District Tuberculosis Sub-Committees, Care of Children Committees, &c., as and when required.
- (e) To give "Talks" to parents and others at School Clinics, Child Welfare Centres, and other places as and when required.
- (f) To furnish all necessary weekly and special reports, to work under the general direction of the County Medical Officer, and to undertake such other duties as he may require.

2. DUTIES FOR ESSEX COUNTY NURSING ASSOCIATION.

- (a) To assist in supervising the work of the District Nurses and Nurse-midwives in the affiliated districts.
- (b) To furnish all necessary reports and to undertake special investigations and other duties at the request of the Association.
- (c) To attend meetings of the Association and District Nursing Associations as and when required.
- (d) To work under the general direction of the General Superintendent.

(a) *Infant and Child Welfare Centre.*

Local Voluntary Committees continue to assist in this work, and the Assistant School Medical Officers to act as Consultant Medical Officers with the Health Visitors as Child Welfare Nurses.

Further Centres have been commenced under the County Council's scheme in the following districts:—

Hadleigh.	Billericay
Earls Colne.	Steeple Bumpstead.
Bocking (branch of Braintree Centre).	

(b) *Nursery Schools* are not established.

(c) *Care of Debilitated Children under School Age.*

All cases found are reviewed at Child Welfare Centres, School Clinics or at the homes, and arrangements made for the provision of milk, oil and malt, &c., through the Local Committees.

3. School Hygiene.

The conditions of the school and the surroundings are reviewed by the Medical Inspector at each visit. Defects found are reported to the School Medical Officer, who forwards an appropriate recommendation to the Director of Education.

During the year three schools have been permanently closed and accommodation provided for the children in neighbouring schools:—

Witham Chipping Hill Council Infants.
 Hawkwell Council (Junior Mixed and Infants).
 Ashen Council (Mixed).

One school has been opened, viz., Dagenham Green Lane Temporary Council School (Junior Mixed and Infants).

4 Medical Inspection.

Arrangements have been made for routine inspections as in previous years and there has been a marked improvement in the numbers seen during the year. With the combined appointments having matured and the proposed appointment of an additional Medical Officer during 1924 for school work, there should be a further improvement in respect to inspections and treatment.

(a) *Age groups of children for whom arrangements were made to inspect during 1923.*

(1) *Entrants, i.e., children admitted during the year.*

(2) *Intermediates, i.e., children between the ages of eight and nine years.*

(3) *Leavers, i.e.*, children between 12 and 13 years of age, together with those over 13 years of age who have not been examined since attaining the age of 12 years.

(4) *Specials, i.e.*, children not due for routine inspection but specially selected or referred for inspection by the Medical Officer, Teacher, School Nurse or others.

Every effort is made to see that any children of age groups who were due for inspection but were not inspected during the previous year are inspected at the next visit of the Medical Officer.

(b) Groups (1) (2) and (3) above, are the age periods scheduled by the Board of Education.

(c) *Steps taken to secure early ascertainment of crippling defects.*

Teachers notify all such cases entering schools and present them for examination at the next visit of the Medical Officer. In order to keep the list up-to-date a bi-annual circular is issued to all Head Teachers which gives the names of all abnormal children known in the area, and asks the Head Teachers to add the names of any others they may be aware of, either attending school or in the neighbourhood and under the age of 16 years. All cases thus notified to the School Medical Officer are referred for special examination or reviewed at the next visit of the Medical Officer. Should necessity be indicated a special visit is made for such examination.

(d) *Holding of inspections off the school premises.*

To prevent disorganisation of school work it was considered necessary to hold the following inspections off the school premises :—

Brentwood C.E.	...	...	Church Hall.
Great Burstead Boys' Council	...	...	Hall adjoining.
Galleywood C.E.	...	...	Primitive Methodist Chapel.

5. Findings of Medical Inspection.

It will be noted by reference to the Tables at the end of this Report that there has been some re-arrangements of headings and slight differences in classifications of results found as compared with reports for the previous three years.

This arrangement is due to the desire of the Board of Education expressed during the last quarter of the year that the results should be tabulated in their present form, both with a view to somewhat reducing the detail given in annual reports and to also make annual reports in each area more comparable. In this report the desires of the Board have been complied with as far as possible with the data to hand, and where there has been any divergency a note is made of the reasons for this.

Perusal of Table I. will show that 24,253 children were examined at routine inspections as compared with 16,644 during 1922, showing the large increase of 7,609. Further, the number of specials examined in 1923 shows an increase of 1,293, bringing the number examined under this heading to 7,715. Re-inspections have also increased by 1,311 to 2,917. These substantial increases in inspections are very satisfactory to all concerned and afford evidence that the work of inspection is now nearing its proper annual quota.

Table II.A. records the defects found in the course of inspections, and as in last year's report gives the number of defects found and referred for treatment and observation, both at routine and special inspections. Perusal of these figures shows that defective vision, dental diseases and those of the nose and throat contribute the large majority of defects.

Table II.B. is an additional table and shows the percentage of defects found and referred for treatment in children examined at the routine examinations. The instructions of the Board are that these defects should exclude uncleanness and dental diseases. It was not found possible with the data available to exclude dental defects in this report, and therefore the percentage is increased owing to the inclusion of these.

It will be seen that the routine inspections show that 32 per cent. of the children required treatment, exclusive of those referred for uncleanness but inclusive of those requiring dental treatment.

It will also be noted that the percentage of Leavers requiring treatment is the same as that for Entrants, viz., 31. No doubt, the inclusion of dental defects contributes greatly to the figure in the Leavers.

Further, in comparison with last year, when 55 per cent. were shown to require treatment or observation, this figure included Specials (which would have naturally a higher percentage of referred for treatment and observation).

In order to make some comparison these figures have also been obtained and show for 1923, when taking specials and routine together, that 57 per cent. either require treatment or observation.

(a) *Uncleanliness.*

Reference to Table II. shows that 313 were found on medical inspection sufficiently unclean as to need referring for treatment and a further 520 referred for observation. These were chiefly cases of lack of care of the hair. These figures show that although strenuous efforts are being made to eradicate the condition of neglect we are still far from the desired condition, viz., that all children in attendance at school should be sufficiently cared for from the cleanliness point of view in the home.

Continual vigilance on the part of the Health Visitors and letters and talks to the parents by the Medical Officers, &c., are, however, decreasing the neglect and the conditions now, as compared with the early days of medical inspection, show that there is a marked advance in the general cleanliness.

Table IV., Group V., shows that the Health Visitors made an average of seven visits to each school during the year and made 155,508 examinations for uncleanliness, 1,390 individual children being found unsatisfactory. The Health Visitors have continued to co-operate with the parents and to assist them in cleansing these children, special nit combs being used and loaned when necessary.

6,507 Baths have been given at Grays and 5,076 at Tilbury.

Legal proceedings have been taken against nine parents, six under the Education Act, 1921, and three under the School Attendance Bye-laws, fines being inflicted or orders made in each case.

(b) Other conditions needing treatment.

As previously noted, dental diseases, defective vision and nose and throat defects again make a large majority of the cases referred for treatment. These are especially the conditions which are largely neglected or taken little notice of by the parents and are essentially the conditions in the treatment of which an Education Authority can and should provide facilities and assistance.

Defective vision is actually well provided for. With regard to dental and nose and throat defects, there is a wide field for further efforts.

Skin diseases also can be efficiently treated in the areas in which Clinics are established. Under this heading, Ringworm is one of the most troublesome, and cases of this disease have been energetically followed up during the year. A resumé of this work is given later in the Report.

(c) Extracts from Assistant School Medical Officers' Reports.

The Assistant School Medical Officers in reporting on their work in the various areas, make reference as follows :—

Dr. Alderton—

- (1) The work, as a whole, is progressing satisfactorily, and the District Nurse-midwives are showing a keen interest in it.

Dr. Bennett—

- (1) The advantage of increasing Dental Clinics.
- (2) The necessity for financial assistance for tonsils and adenoid operations.
- (3) The disadvantage and loss of efficiency incurred by frequent changes of Health Visitors.

Dr. Brown—

- (1) Systematic handkerchief drill, combined with nasal drill in schools and at home, has shown marked improvement in the condition of certain children previously referred as requiring operation for Adenoids.
- (2) The decrease of neglected and infected heads met with.
- (3) The dangers of over-clothing.
- (4) The needs of increased dental inspections and treatment.

Dr. Gaffikin—

- (1) The amount of back work to be made up.
- (2) The difficulty in outlying country districts in arranging for treatment.

Dr. Jacob—

- (1) A large proportion of the parents attend the examination and appreciate the work that is being done for their children.
- (2) The few refractory parents are generally found amenable when personal explanation is possible.
- (3) The great advantage to the work of the School Clinic.
- (4) The room for further extension of X-ray treatment of Ringworm at a reduced cost.
- (5) The improvement in oral hygiene noticeable as the result of dental inspection and treatment.

Dr. Milne—

- (1) The yearly increase in popularity of the School Clinic.
- (2) The continued need for increased facilities for dental treatment.
- (3) On the whole, there has been satisfactory progress during 1923.

Dr. Ramsbottom—

- (1) Prevalence of dental disease and the difficulty of treating the children in isolated country areas.
- (2) The advantages of the District Nurse-midwife attending the inspection.
- (3) Desires provision of a Central Clinic.

Dr. Rankine—

- (1) The continued popularity and usefulness of the School Clinics and the room for extension of these.
- (2) The necessity of the home conditions in some cases being remedied.
- (3) The necessity for increased provision for treatment of (a) Ringworm, (b) the dull and backward child, and (c) defective children.

Dr. Ranson—

- (1) Speaking generally, the state of the children is satisfactory.
- (2) The great assistance received from the Care Committee and the D.S.C. Clerk.

Dr. Richardson—

- (1) The keen interest taken in the work by the Managers and Head Teachers of several schools and the important bearing this has on the securing of treatment for defects and the material assistance this is to the Health Visitor and Care Committees.
- (2) The difficulty (largely financial) experienced in transference of children from outlying districts to Centres for treatment and the need of a definite grant in order to assist needful cases.

Dr. Vawdrey—

- (1) There are still some refusals to medical examination, but on the whole the parents appreciate the advantages and Pediculosis and Scabies are less frequently met with.

Dr. Vercoe—

- (1) The large percentage of parents who attend the examination and appear to appreciate the advice given.
- (2) The advantage to the parents in being able to obtain cod liver oil and malt at cost price.
- (3) The able and willing assistance given by Head Teachers at the inspections.

Dr. Wood—

- (1) The advantages of the arrangement with the Tilbury Hospital for operative treatment of Enlarged Tonsils and Adenoids.
- (2) The need for increased dental inspections and treatment.

(d) *Table III.*, by request of the Board of Education, includes children up to 16 years of age, is presented in different form this year and allows for a fuller classification of abnormal children.

There has also been a stricter classification in that only children are included who are definitely classified by the Medical Officers as being defective within the meaning of the various Acts. As this is the first year in which this classification has been instituted, the numbers given are in all probability less than the actual total of such children, with the exception of those under the headings of children attending certified special schools.

The number of children at special schools varies little from previous years. Arrangements, however, are being made to provide increased facilities for blind and deaf children.

6. Infectious Diseases.

During the year only the average quota of infectious diseases has prevailed, closure of 41 schools being considered necessary.

The arrangement by which Head Teachers simultaneously report cases excluded for these conditions to the Medical Officer of Health and the School Medical Officer has continued.

The following is a summary of the closures and reasons for same during 1923 :--

Disease.	Number of schools closed.		Total.
	By Local Authority under Art. 57.	By Education Authority under Art. 45b.	
Whooping Cough...	10	5	15
Influenza ...	4	6	10
Measles ...	6	3	9
Chicken-pox ...	1	2	3
Scarlet Fever ..	2	—	2
Diphtheria ...	1	—	1
Mumps ...	1	—	1
Totals ...	25	16	41

There is evidence that during 1924 these numbers will be greatly exceeded, as up to the time of writing there has been a very large increase in infectious diseases and this is especially marked in the case of influenza.

7. Following up.

As in previous years, this is carried out by the Health Visitors with the assistance of the District Nurse-midwives, the refractory cases being brought to the notice of the District Care Committees where these are available. During 1923 the Health Visitors made 16,676 visits to homes and the District Nurse-midwives 4,839 visits in connection with the following up of children referred for treatment or supervision.

8. Medical Treatment.

When defects are discovered needing treatment the parent is always primarily advised to consult the private medical attendant with a view to obtaining treatment. Should this procedure not be practicable, treatment for certain conditions can be obtained under the Committee's scheme at Clinics and Hospitals or at Hospitals by private arrangement.

(a) Minor Ailment Clinics.

Treatment Clinics have been continued during the year, the number in use being 13. It is hoped to increase this number during 1924, and arrangements are already being made for opening similar Centres at Saffron Walden and Wanstead. An Inspection Clinic was opened at Tilbury in January, 1923:

Particulars of Clinics in use during the year are given below :—

Clinic.	Times of Sessions.		Where held.
1. Clacton	... Monday, Tuesday, Wednesday,	Thursday & Friday mornings	Skelmersdale Road, Clacton
2. Grays	... " " "	...	Grays Quarry Hill Council School
3. Romford	... Tuesday, Wednesday & Friday	mornings	Romford Albert Road Council School
4. Woodford	... Monday, Wednesday & Friday	mornings	The Shrubbery, South Woodford
5. Chingford	... Thursday afternoons	...	South Chingford Council School
6. Wivenhoe	... " "	...	Wivenhoe Council School
7. Halstead	... Thursday mornings	...	Halstead Cottage Hospital
8. Braintree	... Tuesday	...	Co-operative Buildings, Braintree
9. Buckhurst Hill	... Friday afternoons...	...	Buckhurst Hill St. John's Church Hall
10. Shoeburyness	... Alternate Thursday afternoons	...	Council Chambers, Shoeburyness
11. Tilbury	... Friday mornings (Inspection)...	...	1, Stephenson Avenue, Tilbury
	... Tuesday afternoons & Friday	mornings (Treatment)	Tilbury Council School Baths
12. Stansted	... Alternate Wednesday	...	Central Hall, Stansted
	mornings		
13. Epping	... " "	...	Gas Company Buildings, Epping

These Clinics have continued to give great assistance in the treatment of minor ailments with benefit to both parent and child. Reports of the Medical Officers continue to show that the services rendered at these Centres are being more and more appreciated by the parents.

No charge is made for treatment, but every care is used in seeing that cases which can otherwise be catered for by outside agencies are so dealt with. Voluntary collection boxes have been established in the Chingford, Stansted and Woodford Clinics:

6,431 Children attended the Clinics during the year and made a total of 22,320 attendances.

(b) *Tonsils and Adenoids.*

The position for dealing with these conditions is still unsatisfactory, in that it is not at present possible to provide for the treatment of all children needing this

operation at a fee which is within the means of the parents. Further, there are certain cases diagnosed as needing the operation in which the parents disapprove of its being carried out.

Until the day arrives when provision is made that all who require the operation can receive the same, it would seem inconsistent to take proceedings against an unwilling parent unless there is grave neglect whilst there are others who are willing but who are denied the operation through lack of facilities.

A report was submitted by the School Medical Officer to a Special Sub-Committee in October, 1923, showing that an average of 3·3 per cent. of the Elementary School children examined in Essex needs medical treatment for this condition. Based on this figure, it is estimated that 2,000 children under present conditions require treatment for Enlarged Tonsils and Adenoids each year.

Table IV., Group III., shows that 214 children underwent operation and 627 received other forms of treatment, making a total of 841 as compared with 570 for the previous year. It is gratifying to note that there has been some improvement in the number treated, and attention is being given to increasing the facilities for the provision of treatment.

The Committee have, at present, arrangements with six local hospitals at which the operation is carried out at a reasonable fee. Local Committees have arrangements also with seven additional hospitals at which these operations are performed, from time to time, and for which letters of admission, &c., are obtainable.

All efforts for the adequate provision of this treatment in the Rochford District have, up to the present, failed.

(c) *Tuberculosis.*

Better facilities have been secured for the complete following up of these cases in the two combined appointments in the large rural districts of North Essex, these appointments having secured a Combined Medical Service for School and Tuberculosis work for the whole of North and North-east Essex, comprising an area of 463,536 acres. In the remaining areas, where there is not a Combined Medical Service, there are facilities for interchange of views between the School Medical Inspector and Tuberculosis Officer.

101 Children from the County Committee's area have received Sanatorium treatment during 1923.

(d) *Skin Diseases.*

Table VI., Group I., shows that 276 cases of Scabies and 981 of Impetigo were treated at the Clinics, an increase on the numbers for 1922. Both these conditions are the results of uncleanness or lack of proper care of the skin and, with efficient care in the home and supervision in the School, should be completely eradicated.

Ringworm has been particularly prevalent. Of 237 scalp cases, 36 received treatment by X-rays at hospitals under the Committee's scheme. This disease, when the scalp is attacked, is most persistent, and if of long duration is most resistant to drug treatment. Particular interest has been taken in the disease during the year with a view to reducing its prevalence and the consequent loss of attendance at school which results from the exclusion of infected children. In all, 244 cases of Ringworm of the Scalp affecting Elementary School children were excluded, until cured, for various periods. These exclusions caused a loss of approximately 26,953 attendances and 66 schools were affected.

At the end of the year 58 children were still excluded as unfit to attend school, 30 schools being affected.

Treatment of these conditions is liable to be neglected by the parents in that the disease is not considered serious as there is no danger to life. Consequently, when drug treatment is instituted, it is often not carried to a definite termination of cure or is so carelessly or indifferently persisted in that the case requires an extended period of treatment. In other cases the disease is so extensive before being discovered that it is hopeless to try and cure it by the drug method in any reasonable time; all such cases should, under present-day methods, be submitted to X-rays in order to epilate the scalp and thereby remove numerous spores and allow for effectual and rapid eradication of the disease.

The Committee have arrangements with three hospitals for subjecting cases recommended to X-rays. The charges for the administrations are high, ranging from £2 2s. to £2 12s. 6d. per case. These charges are much too high for the average parent to pay, and whilst arrangements are being made to ascertain the amount that should be contributed by the individual parent much time is lost and there is consequent delay in treatment.

The following Special Report was submitted to the Committee in October in regard to six schools where the disease has been prevalent :—

1. NUMBER OF SCHOOL CHILDREN INFECTED.

According to present records, 158 Elementary scholars in the County have been notified as suffering from Ringworm of the Scalp during the twelve months ended 30th September, 1923. These cases occurred in 67 schools, the disease being especially prevalent amongst the children attending schools in Castle Hedingham, Halstead, Great Warley and Tollesbury. Particulars are given below :—

- (a) *Castle Hedingham.* In November, 1922, the D.S.C. reported that the Castle Hedingham C.E. School had never been entirely free from Ringworm since 1870. A special investigation was made in September and October, 1922, by Dr. Puddicombe into the prevalence of the disease, and enquiries were made into 11 cases which had been reported during the period March, 1920, to September, 1922.

Of these cases, it was found that two had left school, five were free from disease and four were still affected. Of the four infected, one had had the disease since March, 1920, and resumed attendance at the end of October, 1922

The other three, infected in July, 1921, March, 1922, and April, 1922, respectively, were under medical treatment and returned to school in October, 1922, on certificates from their medical attendants. Microscopical examination proved they were still infective and they were again excluded. Two received X-ray treatment on the 23rd January, 1923, and one on the 6th April, 1923. There has been no recurrence.

- (b) *Halstead*. Since February, 1923, 18 cases affecting children attending the Halstead Council, St. Andrew's and Trinity Schools have been under observation. One received X-ray treatment in April, 1923, and two in July, 1923.

In July last, the Medical Inspection Sub-Committee approved of a suggestion that the services of a Specialist should be obtained in order to treat cases at the Halstead Cottage Hospital, where there is an X-ray apparatus but no operator. Dr. Vilvandr , Assistant Radiologist at the London Hospital, attended on the 27th August, 1923. Owing to difficulty with the apparatus, two cases only were treated. The apparatus needs some adaptation to treat Ringworm, and this is receiving the consideration of the Hospital Committee.

Six of the above-mentioned 18 cases have now returned to school and the two treated by Dr. Vilvandr  should resume attendance shortly. The remaining ten cases are receiving drug treatment under the direction of the School Medical Inspector and School Nurse, but at least three of these require X-ray treatment.

- (c) *Great Warley*. At the Great Warley Christ Church School, 18 cases of Ringworm of the Scalp have been reported since October, 1922. Seven of these are from Warley Barracks, and returned to school in September, 1923, having received X-ray treatment under Army arrangements. Four have been cured by drugs and have resumed attendance. Of the seven remaining, five have been recommended X-ray treatment and two drug treatment, all being still away from school.

The treatment of these cases has been delayed somewhat, partly on account of the parents' reluctance to give their consent to X-ray treatment being carried out and to agree to pay a suitable contribution. Further, it was hoped to come to some arrangement with the Brentwood Cottage Hospital, where there is an X-ray apparatus but no Medical Officer willing to undertake the treatment.

- (d) *Tollesbury*. At the Tollesbury School, eight cases have occurred since January, 1923. Six have been recommended X-ray treatment. Three of these have returned to school cured by X-ray treatment, and it is hoped that the other three will receive treatment shortly. Of the two remaining, one has returned to school cured.

2. LOSS OF ATTENDANCE.

Special investigations made at Halstead and Great Warley show that approximately 4,600 attendances have been lost by the 36 children suffering from Ringworm at these two places, i.e., an average of 128 attendances per child. As already mentioned, 158 cases have occurred throughout the Count

and, on this basis, it is estimated that the number of attendances lost on account of exclusion for Ringworm during the year ended 30th September, 1923, was over 20,000. The number of attendances lost in individual cases varies from 18 to 170.

3. TREATMENT.

- (a) *Existing Arrangements.* When a child is found to be suffering from Ringworm of the Scalp, he or she is excluded from school and the parents advised to consult their medical attendant. If only a small part of the scalp is affected, children who are not under a private doctor are treated by the School Nurse, under the supervision of the School Medical Inspector, at the Clinic or at the home.

If the disease covers a large area of the scalp, the parents are advised to consent to the child receiving X-ray treatment. If the child is under a doctor the latter is asked whether he desires such treatment.

On receipt of Consent Forms, duly completed, particulars are forwarded to the D.S.C. for consideration. As soon as the question of the parents' contribution is settled, arrangements are made for the child to receive treatment at one of the hospitals mentioned below, at which the Committee have made provision for X-ray treatment on the terms named:—

Hospital.				Fee per case.		
London	...	...	...	2	12	6
Colchester	...	...	...	2	12	6
*Bishop's Stortford	...	...	...	2	2	0

* Not now carrying out the treatment. An arrangement has since been come to with the Addenbrooke's Hospital, Cambridge.

(b) *Future Arrangements.*

(i) *Halstead Cottage Hospital.* As already reported, if treatment is to be continued at this Hospital, the apparatus needs adaptation which will cost the Hospital Committee about £80. (The Hospital Committee has since declined to undertake the treatment).

(ii) *Brentwood Cottage Hospital.* It is hoped that an operator will be obtained at this Hospital when the Committee may consider the advisability of coming to some arrangement for treatment. (No operator at present, but further negotiations will be proceeded with).

(iii) *Saffron Walden.* In 1920, the Committee approached this Hospital but could not accept the proposed fee.

(iv) *Chelmsford.* (v) *Southend.*

Each of these Hospitals, when approached in 1920, reported that their apparatus was not equipped for treatment of Ringworm. (There are no facilities at present, but the matter is receiving the consideration of the Authorities of these Hospitals).

4. CONCLUSIONS.

1. Ringworm of the Scalp is undoubtedly a persistent disease and a cause of grave loss of school attendance to a child affected.
2. X-ray treatment is advisable in all cases of long standing or when a large area of the scalp is infected.

3. Greater facilities are required in order to provide treatment at reasonable cost for those needing X-rays.
4. All children returning to school as cured should be certified as fit by one of the Committee's Medical Officers and kept under observation for a few months after return.

The position at the present time in the schools, given above, is as follows :—

Castle Hedingham, no recurrence; Halstead, 1 case: Great Warley, 4, and Tollesbury, 5, still remain from school. Of these, 4 have been exposed to X-rays and should return shortly.

The question of further facilities for treatment is receiving consideration with a view to speeding up the procedure and thereby facilitating treatment and reducing loss of attendances.

(e) *External Eye Diseases.*

404 Children received the necessary treatment for these conditions, the large majority being treated at the School Clinics.

(f) *Vision.*

Refraction Clinics are held by the Medical Officers when occasion requires, either at existing Clinics or at temporary quarters arranged in the school or its surroundings.

Cases which cannot be dealt with suitably by the Medical Officers are referred to London hospitals for further advice and treatment.

Table IV., Group II., shows that 1,193 children have been thus treated during the year; 1,013 of these were refracted under the Authority's scheme and 807 ordered glasses. Records show that 682 obtained these. The glasses are supplied at a reduced cost by arrangement with a firm of opticians, and when necessity arises assistance is given either by Local Care Committees or by direct help from the Education Committee.

Arrangements continue with the Colchester Education Committee for cases to attend the Clinic under that Authority when desired and, during 1923, 14 children have been treated there. This is a reduction on previous years, as during 1923 the majority of cases in the surrounding district have been dealt with by the County Committee's own Medical Officers.

(g) *Ear Diseases.*

399 Children received treatment for minor defects or diseases of the ear.

(h) *Dental Treatment.*

Arrangements have continued whereby Local Committees have been responsible for submitting and carrying out schemes for dental treatment in their respective areas, all such schemes to be formulated under the terms of reference given in the Report for 1922.

Under these arrangements a certain amount of useful work has been done and some progress has been made during the year, in that schemes have been brought forward for all districts with the exception of Waltham Abbey.

All these schemes have not actually been put into practice, but should be all working during 1924. It is realised that the amount of work being done at present is far below what is desirable. It is hoped that there will soon be increased activity in this much needed branch of prophylactic care and general treatment of the children's teeth, and that especial attention will be given to augmenting conservative treatment as compared with actual extractions. In other words, the teeth should be treated at an early stage of caries and thereby save many which now have to be extracted, the caries being too advanced to remedy by fillings.

Table IV, Group IV., shows an analysis of the dental work carried out. 3,439 children actually received treatment, as compared with 1,830 in 1922, the Dental Surgeons having devoted 19 sessions to inspections and 218 to treatment; 1,148 fillings were made and 9,124 extractions, comprising 1,269 permanent and 7,855 temporary teeth.

(i) *Crippling Defects.*

During the year some assistance has been rendered to certain children in receiving surgical treatment and appliances. Mr. Whitchurch Howell, F.R.C.S., has kindly examined, given advice and treated cases at the Queen's Hospital for Children, Hackney Road, London, E.

Provision has been made by the Committee in the Financial Estimate for 1924, whereby it is hoped to render further assistance to other afflicted cases.

With the growth of the School Medical Service these cases can be fully investigated with a view to complete ascertainment and the formation of a scheme for treatment by :—

- (1) Orthopædic operations and mechanical appliances.
- (2) Provision of special vocational training when necessary.

The London hospitals are used to a very great degree, but it would appear that a scheme on the lines of those established in Oxfordshire and Shropshire would be exceedingly beneficial in Essex. In one part of the County, viz., at Walthamstow, an Orthopædic Hospital is shortly being opened. This has been established by voluntary efforts and will provide 24 beds. Medical, surgical and educational requirements of the children will receive proper attention. In addition to the Matron and Nursing and Domestic Staff, there will be a properly qualified Teacher, and a trained Medical Gymnast and Masseuse will be appointed. A well-equipped out-patient treatment Clinic will be attached to the Hospital. The Committee consists of representatives of Local Authorities (Education, Poor Law, &c.), and of Associations interested in Child Welfare, &c. Mr. B. Whitchurch Howell, F.R.C.S.,

has been appointed Honorary Surgeon, the work has the support of the Central Committee for the Care of Cripples, and the school will be carried on in accordance with the regulations of the Board of Education. The Hospital will be open for children from neighbouring areas as well as for those from Walthamstow.

In addition to the ten children shown in Table III. as attending Special Schools, 36 children (22 boys and 14 girls) from the Committee's area were treated at the High Beech Sanatorium (32 beds).

9. Open-Air Education.

(a) *Playground Classes* are encouraged and held in several schools, and full use should be made of these wherever space is available.

(b) *School journeys* have been made to places of interest.

(c) *School camps* held—nil.

(d) *Open-air classrooms* added—nil.

(e) *Open-air day schools* were not provided.

(f) *Residential open-air schools*.

Arrangements continue with the Ogilvie School of Recovery, Clacton-on-Sea, whereby 12 beds are occupied by children from the Essex County Elementary Schools. During 1923, 23 children (16 boys and 7 girls) were in residence at the School, the chief defects from which these children suffered on admission being anæmia and debility.

There was, unfortunately, an outbreak of Diphtheria amongst the children at this school in the autumn months of the year which caused the Management some anxiety and, for a time, held up new admissions.

The County Council's Sanatorium, at Sible Hedingham, recognised by the Board of Education as a Special School (32 beds), provided treatment for 65 children (34 boys and 31 girls), from the Committee's area.

10. **Physical Training** is under the charge of the Teaching Staff.

11. **Provision of Meals.**

No action was taken under this heading during the year.

12. **School Baths.**

These have not been augmented—see paragraph 5 with regard to the use of the Grays and Tilbury School Baths.

13. **Co-operation of Parents.**

50 per cent. of parents attended routine inspections. The Medical Officers report that good interest is usually shown by the parents, and many willingly assist in carrying out any advice given.

There are still some refusals to medical inspection and during the year a number of parents persisted in refusing to have their children examined by the Medical Officers, affecting 121 children. All Medical Officers and Nurses are instructed to interview parents who object to medical inspection, and in this way several objectors were persuaded to present their children at the next inspection.

14. Co-operation of Teachers.

Thanks are again due to the Teachers for willing help given both in preparation for and assistance at the examination; also in some cases in the following up of children referred for treatment. Without the co-operation of the Teachers the work would be greatly hampered and the results correspondingly prejudiced.

15. Co-operation of Attendance Officers.

There is evidence of closer arrangements and co-operation being made between the School Attendance Officer and the School Nurse in consultations arranged through the District Sub-Committee Clerks. These facilities should be fostered in all areas.

16. Co-operation of Voluntary Bodies, &c.

(a) *Care Committees.* In the areas where these are organised, useful assistance is given. These are usually under the guidance of the District Education Sub-Committee Clerk, who is well in touch with all the medical work. These Committees assist in arranging treatment, provision of oil and malt, &c., and, where there is a fund available, giving financial aid in necessitous cases.

(b) *Essex County Nursing Association.* The District Nurse-midwives under this Association are rendering increased assistance to the Health Visitors in school work.

(c) *Essex Voluntary Association for Mental Welfare.* This Association continues to supervise mentally defectives and assist in the ascertainment of such cases.

(d) *The N.S.P.C.C.* are always willing to assist by a visit to negligent parents.

(e) *The British Red Cross Society* has continued to assist at the Woodford Minor Ailments Clinic.

(f) *The Ministry of Pensions* has made grants in certain cases of children coming under their pensions scheme in the provision of oil and malt, &c.

17. Blind, Deaf and Epileptic Children.

(a) *Ascertainment* has continued under para. 4 (c). These children, when examined by the Medical Officers, are specially reported on and the necessary forms completed.

(b) *Blind.* 23 children (13 boys and 10 girls) are in attendance at residential schools.

(c) *Deaf*. 25 children (15 boys and 10 girls) are in attendance at residential schools.

(d) *Epileptics*. Eight children (4 boys and 4 girls) are in attendance at residential schools.

Under (b), (c) and (d) there are no special day schools or classes. Blind and deaf continue to be sent to the residential school at Gorleston-on-Sea.

(e) *Mentally Defective Children*. 136 children (100 boys and 36 girls), are in attendance at recognised special schools for such cases and, of these, 31 (19 boys and 12 girls), are in residential schools. Arrangements have continued in the Special Day Centres in the County, numbers on books at these being as follows:—

Centre.		Boys.	Girls.	Total.
Grays ...	...	37	13	50
Woodford	...	24	17	41
Romford	...	18	13	31
Walthamstow	...	2	1	3
	Totals	81	44	125

Facilities are provided at the Grays Special School whereby the children in attendance can obtain weekly baths.

Arrangements are made at each of these Centres whereby the children can obtain a mid-day meal at a cheap rate.

Mentally defective children, as ascertained, are the subjects of special medical reports to the Director of Education with advice as to future treatment.

Educable children in areas provided with day classes are, if suitable, referred for education at these Centres. Where such Centres are not available or the child is unsuitable for a day school, recommendations are made for a residential school.

Ineducable children are recommended for report and supervision or institutional care under the Local Control Authority (The County Committee for the Care and Control of the Mentally Defectives under the Mental Deficiency Act, 1913). During the year 38 children (boys 22 and girls 16), have thus been reported.

Children who attend special schools when nearing the age of 16 years are individually reported to the Director of Education for report to the Local Control Authority for supervision, institutional care or guardianship, according to the necessary care required. Children certified as mentally defective who have, owing to lack of accommodation or other causes, not been in attendance at special schools are reported by the Director of Education to the Essex Voluntary Association for Mental Welfare for further assistance and supervision, when they are due to leave the Elementary Schools. This Association has a well-organised body of voluntary visitors who keep in close touch with such cases, and if occasion demands report for further control to the Local Control Authority.

In this way there is a complete uniformity, and it is ensured that all such cases detected in the schools, even if special school training is not afforded, are kept under supervision and when necessary brought to the notice of the Local Control Authority, *i.e.*, the statutory body for the care and control of such cases.

The services of Dr. T. P. Puddicombe, Chief Assistant County Medical Officer and Mental Expert, are available both to the County Education Committee and Local Control Authority for reporting on cases of suspected mental defects.

Backward Classes have not been added to, although there is certainly ample material for such in all the more populous areas.

18. **Nursery Schools** are not established.

19. **Secondary Schools.**

There has been no addition to these during the year. There has, however, been an increase in the number of pupils on books, the present position being as follows :—

		No. of Schools.	Accommo- dation.	No. on Books.	
				Boys.	Girls.
Schools in Part III. Authorities' areas	..	10	3,355	1,341	2,200
Schools in remainder of County	..	7	1,723	412	1,453
Totals	..	17	5,078	1,753	3,653

There are four Trade Schools with an accommodation for 808 pupils, the number on books being 516 boys and 223 girls.

Tables I. and II. give the results of examinations carried out during 1923. 1,890 Pupils were examined at routine inspections and 785 at special inspections together with 347 re-examinations. This is an increase of 83 on the routine examinations and a decrease of 160 specials and re-examinations.

At the routine examination 719 children were found to require treatment, or 34 per cent. of the pupils examined. Perusal of Table II. shows that a large percentage of those referred were the results of dental caries.

The Head Masters and Mistresses of these schools are rendering great assistance by following up cases referred for treatment, and the Physical Exercise Instructors also help by giving the necessary exercises for minor, spinal and other deformities.

20. Continuation Schools are not established.

21. Employment of Children and Young Persons.

Under the Regulations adopted in 1921 governing the employment of children, the following numbers were examined and the necessary certificates provided :—

			Boys.	Girls.
(1) Submitted for examination ...	...	...	351	18
(2) Passed as fit ...	...	...	340	14

Employments—

(a) Farm work ...	...	...	14	1
(b) Home ...	...	...	16	—
(c) Gardening ...	...	...	6	—
(d) Paper delivery ..	...	...	212	10
(e) Milk ...	...	...	14	.
(f) Errands ...	...	...	33	—
(g) Others ...	...	...	45	3

22. Special Inquiries.

Owing to shortage of Staff, the Medical Inspectors were unable during the year to undertake any special inquiries on the lines of research.

A conference of all Medical Officers carrying out school work in the County with the School Medical Officer was held in May and provided a useful discussion on the work in general. Arrangements were made for a similar conference of Clerks to District Education Sub-Committees to be held in December, but this had to be postponed.

In connection with an inquiry carried out by the Medical Research Council into the influence of migration of the population from the rural districts, special facilities were afforded to the representatives of the Council to peruse the medical schedules in order to ascertain whether there was any significant difference in respect of height, weight, nutrition, &c.

Dr. Ralph Williams, Medical Officer of the Board of Education, visited the area in January, 1923, and completed his inquiry into the School Medical Service held over from the end of 1922. As a result of his report, the School Medical Officer and his Chief Assistant conferred with the Chief Medical Inspector and Secretary of the Medical Department of the Board of Education in July, 1923, and a letter was received from the Board later in that month urging the Committee to make further provision in respect of (1) the Medical and Nursing Staff (2) medical treatment and (3) suitable education for mentally and physically defective children.

The County Committee carefully went into these matters, and a conference was held in November, 1923, between the Director of Education, School Medical Officer and Chief Assistant School Medical Officer on the one hand and the Secretaries of the Board of Education on the other, when the proposals of the Committee with regard to the School Medical Service for the year 1924-25, were discussed. As a result, the Committee decided to make additional provision for the financial year 1924-25.

23. Miscellaneous.

(a) *Bursars and Scholarship Candidates.*

The Table given at the end of this report shows that 533 were examined under this heading and of these 148 require some form of treatment, and, here again, dental caries was the chief cause.

(b) Examination and reports were made on 17 Pupil Teachers, seven Intending Teachers, five Student Teachers and 53 Supplementary Teachers.

One teacher was examined and reported on at the request of the Committee.

(c) Lectures and talks are given from time to time by the Medical Officers and Health Visitors by invitation to Mothers' Unions, Women's Institutes, Welfare Baby Shows, &c.

24. Expenditure of School Medical Service.

Details of the expenditure of the School Medical Service for the year 1924-25 and the previous five years are given in the following Table:—

EXPENDITURE OF SCHOOL MEDICAL SERVICE.

I.—MEDICAL INSPECTION AND TREAT- MENT—	ACTUAL EXPENDITURE.				Estimated Expenditure. 1923-24.	Estimate. 1924-25.
	1919-20.	1920-21.	1921-22.	1922-23.		
<i>Elementary Education.</i>						
Medical Officers' Salaries and Expenses	£ 2,823	£ 3,812	£ 2,792	£ 3,007	£ 3,150	£ 3,850
School Nurses' Salaries, &c. ..	946	1,459	1,491	1,612	1,860	1,910
Clinics, Drugs, Material, Convey- ance, &c.	710	1,525	1,500	616	800	1,300
Contributions to External Bodies ..	23	53	783	708	700	700
Clerical Assistance	602	723	763	814	800	914
Printing, Stationery, Postage, &c. ..	191	1,248	815	722	504	500
Other Expenses	54	116	236	122	80	80
Totals	5,349	8,936	8,380	7,601	7,894	9,254
*Average Cost per child	d. 20.27	d. 33.67	d. 31.42	d. 28.63	d. 29.80	d. 34.94
<i>Higher Education.</i>						
Medical Officers' Salaries and Expenses	£ 286	£ 530	£ 490	£ 553	£ 488	£ 550
School Nurses'	—	292	298	322	300	337
Clerical Assistance	100	90	98	103	100	110
Printing, Stationery, Postage, &c. ..	61	82	72	64	70	40
Totals	447	994	958	1,042	958	1,037
2.—BLIND, *DEAF, DEFECTIVE AND EPILEPTIC CHILDREN ..						
	6,307	9,231	10,346	10,219	9,669	10,769
TOTALS ..	12,103	19,161	19,684	18,862	18,521	21,060

* The average cost per child in Elementary Schools in County areas throughout England and Wales in the year 1920-21, was 51d.

MEDICAL INSPECTION RETURNS.

ELEMENTARY SCHOOLS.

TABLE I

NUMBER OF CHILDREN INSPECTED, YEAR ENDED 31ST DECEMBER, 1923.

A.—ROUTINE MEDICAL INSPECTIONS.

Number of Code Inspections.

	Boys.	Girls.	Total.
Entrants	4,357	4,498	8,855
Intermediates	3,742	3,581	7,323
Leavers	4,177	3,898	8,075
Totals	12,276	11,977	24,253

Number of other Routine Inspections Nil

B.—OTHER INSPECTIONS.

	Boys.	Girls.	Total.
Number of Special Inspections ..	3,908	3,807	7,715
Number of Re-Inspections ..	1,520	1,397	2,917
Totals	5,428	5,204	10,632

TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION
IN THE YEAR ENDED 31ST DECEMBER, 1923.

Defect or Disease.					Routine Inspections.		Specials.	
					No. referred for Treatment.	No. requiring to be kept under observation, but not referred for Treatment.	No. referred for Treatment.	No. requiring to be kept under observation, but not referred for Treatment.
(1)					(2)	(3)	(4)	(5)
	Malnutrition .. .. .	..	..	..	13	298	202	98
	Uncleanliness .. .. .	..	..	..	184	440	129	80
	(See Table IV., Group V.)							
Skin	Ringworm :							
	Scalp .. .. .	..	..	..	33	11	128	17
	Body .. .. .	..	..	..	7	—	39	1
	Scabies .. .. .	..	..	..	27	9	71	1
	Impetigo .. .. .	..	..	..	55	31	603	3
	Other Diseases (non-Tuberculous) ..	..	..	..	102	158	303	23
Eye	Blepharitis .. .. .	..	..	..	91	83	92	20
	Conjunctivitis .. .. .	..	..	..	14	18	55	1
	Keratitis .. .. .	..	..	..	1	1	2	—
	Corneal Opacities .. .. .	..	..	..	3	3	5	1
	Defective Vision (excluding squint) ..	..	..	..	695	438	375	137
	Squint .. .. .	..	..	..	136	66	19	17
	Other conditions .. .. .	..	..	..	80	58	10	19
Ear	Defective Hearing .. .. .	..	..	..	40	104	127	80
	Otitis Media .. .. .	..	..	..	58	92	91	21
	Other Ear Diseases .. .. .	..	..	..	85	65	39	5
Nose and Throat.	Enlarged Tonsils only .. .. .	..	..	..	292	653	147	163
	Adenoids only .. .. .	..	..	..	210	281	78	40
	Enlarged Tonsils and Adenoids .. ..	..	..	..	250	42	132	7
	Other conditions .. .. .	..	..	..	30	253	110	44
	Enlarged Cervical Glands (non-Tuberculous) ..	..	..	..	6	169	132	62
	Defective Speech .. .. .	..	..	..	3	66	3	27
	Teeth—Dental Diseases .. .. .	..	..	..	5666	669	995	249
	(See Table IV., Group IV.)							
Heart and Circulation	Heart Disease :							
	Organic .. .. .	..	..	..	4	186	12	50
	Functional .. .. .	..	..	..	5	131	44	23
	Anæmia .. .. .	..	..	..	22	282	123	65
Lungs	Bronchitis .. .. .	..	..	..	21	167	91	39
	Other non-Tuberculous Diseases .. ..	..	..	..	45	408	8	77
Tuber- culosis	Pulmonary :							
	Definite .. .. .	..	..	..	—	1	21	1
	Suspected .. .. .	..	..	..	13	23	106	4
	Non-Pulmonary :							
	Glands .. .. .	..	..	..	4	21	49	6
	Spine .. .. .	..	..	..	—	3	—	—
	Hip .. .. .	..	..	..	—	—	—	—
	Other Bones and Joints .. .. .	..	..	..	—	—	—	—
	Skin .. .. .	..	..	..	1	—	2	—
	Other Forms .. .. .	..	..	..	3	4	10	—
Nervous System	Epilepsy .. .. .	..	..	..	1	21	10	6
	Chorea .. .. .	..	..	..	3	23	27	7
	Other Conditions .. .. .	..	..	..	4	103	37	16
Deformities	Rickets .. .. .	..	..	..	2	201	4	11
	Spinal Curvature .. .. .	..	..	..	5	114	4	18
	Other Forms .. .. .	..	..	..	34	233	120	44
	Other Defects and Diseases .. .. .	..	..	..	275	895	805	170

TABLE II.—*continued.*

B,—NUMBER OF INDIVIDUAL CHILDREN FOUND AT ROUTINE MEDICAL INSPECTION TO REQUIRE TREATMENT (EXCLUDING UNCLEANLINESS).*

GROUP.	NUMBER OF CHILDREN.		Percentage of Children found to require Treatment.
	Inspected.	Found to require Treatment.	
	(2)	(3)	(4)
CODE GROUPS :—			
Entrants	8855	2743	31
Intermediates. .. .	7323	2549	35
Leavers	8075	2497	31
Total (Code Groups) .. .	24,253	7789	32
Other Routine Inspections .. .	—	—	—

*This table includes number referred for dental disease. In next year's report the figures for dental defects will be given separately.

TABLE III.

RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA IN 1923.

			Boys.	Girls.	Total.
Blind (including partially blind)	(i) Suitable for training in a School or Class for the totally blind.	Attending Certified Schools or Classes for the Blind.. ..	13	10	23
		Attending Public Elementary Schools..	—	1	1
		At other Institutions	—	—	—
		At no School or Institution.. ..	1	4	5
	(ii) Suitable for training in a School or Class for the partially blind.	Attending Certified Schools or Classes for the Blind.. ..	—	—	—
		Attending Public Elementary Schools..	11	10	21
		At other Institutions	—	—	—
		At no School or Institution.. ..	1	1	2
Deaf (including deaf and dumb and partially deaf)	(i) Suitable for training in a School or Class for the totally deaf or deaf and dumb.	Attending Certified Schools or Classes for the Deaf	15	10	25
		Attending Public Elementary Schools..	2	1	3
		At other Institutions	—	—	—
		At no School or Institution.. ..	1	3	4
	(ii) Suitable for training in a School or Class for the partially deaf.	Attending Certified Schools or Classes for the Deaf	—	—	—
		Attending Public Elementary Schools..	9	7	16
		At other Institutions	—	—	—
		At no School or Institution.. ..	3	4	7

TABLE III—continued.

			Boys	Girls	Total
Mentally Defective.	Feeble-minded (cases not notifiable to the Local Control Authority).	Attending Certified Schools for Mentally Defective Children Attending Public Elementary Schools.. At other Institutions At no School or Institution	100 87 — 27	56 62 — 13	156 149 — 40
	Notified to the E.C.C. during the year.	Feeble-minded Imbeciles Idiots	12 9 1	5 10 1	17 19 2
Epileptics.	Suffering from severe epilepsy.	Attending Certified Special Schools for Epileptics In Institutions other than Certified Special Schools Attending Public Elementary Schools.. At no School or Institution	4 — 9 5	4 — 3 3	8 — 12 8
	Suffering from epilepsy which is not severe.	Attending Public Elementary Schools.. At no School or Institution	10 6	11 4	21 10
Physically Defective.	Infectious pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board At other Institutions At no School or Institution	5 — 17	5 — 16	10 — 33
	Non-infectious but active pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board At Certified Residential Open Air Schools At Certified Day Open Air Schools At Public Elementary Schools At other Institutions At no School or Institution	2 — — — — 26	1 — — — — 28	3 — — — — 54
	Delicate children (e.g., pre-or latent tuberculosis, malnutrition, debility, anæmia, &c.)	At Certified Residential Open Air Schools At Certified Day Open Air Schools At Public Elementary Schools At other Institutions At no School or Institution	6 — 139 — 1	3 — 103 — 2	9 — 242 — 3
	Active non-pulmonary tuberculosis.	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board At Public Elementary Schools At other Institutions At no School or Institution	11 — — 9	7 — — 7	18 — — 16
	Crippled children (other than those with active tuberculous disease) e.g., children suffering from paralysis, etc., and including those with severe heart disease.	At Certified Hospital Schools At Certified Residential Cripple Schools At Certified Day Cripple Schools At Public Elementary Schools At other Institutions At no School or Institution	— 5 — 86 — 20	— 5 — 73 — 10	— 10 — 150 — 36

TABLE IV.

RETURN OF DEFECTS TREATED DURING 1923.

GROUP I.—MINOR AILMENTS (excluding Uncleanliness, for which see Group V.)

Disease or Defect. (1)	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
<i>Skin—</i>			
Ringworm-Scalp	203	34	237
Ringworm-Body	49	3	52
Scabies	276	11	287
Impetigo	981	37	1,018
Other skin disease	421	74	495
<i>Minor Eye Defects</i> (External and other, but excluding cases falling in Group II.)	323	81	404
<i>Minor Ear Defects</i>	298	101	399
<i>Miscellaneous</i> (e.g., minor injuries, bruises, sores, chilblains, &c.)	3,714	123	3,837
Total	6,265	464	6,729

GROUP II.—DEFECTIVE VISION AND SQUINT (excluding Minor Eye Defects treated as Minor Ailments—Group I.)

Defect or Disease.	No. of Defects dealt with.			
	Under the Authority's Scheme. (2)	Submitted to refraction by private practitioner or at hospital, apart from the Authority's Scheme. (3)	Otherwise. (4)	Total. (5)
Errors of Refraction (including Squint) (Operations for squint should be recorded separately in the body of the Report).	1,013	163	17	1,193
Other Defect or Disease of the Eyes (excluding those recorded in Group I.)	—	17	—	17
Total	1,013	180	17	1,210

Total number of children for whom spectacles were prescribed

(a) Under the Authority's Scheme 807

(b) Otherwise 105

Total number of children who obtained or received spectacles

(a) Under the Authority's Scheme 682

(b) Otherwise 93

TABLE IV.—*continued.*

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

Number of Defects.				
Received Operative Treatment.			Received other forms of Treatment.	Total number treated.
Under the Authority's Scheme—in Clinic or Hospital	By Private Practitioner or Hospital, apart from the Authority's Scheme.	Total.		
(1)	(2)	(3)	(4)	(5)
50	164	214	627	841

GROUP VI.—DENTAL DEFECTS.

1.—*Number of Children dealt with.*

	Age Groups. 6 and 7	"Specials."	Total.
(a) Inspected by Dentist ..	2255	821	3,076
(b) Referred for treatment	2022		
(c) Actually treated ..	3439		
(d) Re-treated (result of periodical examination)	—		

2. *Particulars of time given and of operations undertaken.*

No. of Half Days devoted to Inspections.	No. of Half Days devoted to Treatment.	Total No. of Attendances made by the Children at the Clinic.	No. of Permanent Teeth.		No. of Temporary Teeth.		Total No. of Fillings.	No. of Administrations of General Anæsthetics included in (4) and (6).	No. of other operations.
			Ex-tracted.	Filled.	Ex-tracted.	Filled.			
(1.)	(2.)	(3.)	(4.)	(5.)	(6.)	(7.)	(8.)	(9.)	(10.)
19	218	3629	1269	624	7855	524	1148	1983	122

TABLE IV.—*continued.*

GROUP V.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

(i.) Average number of visits per school made during the year by the School Nurses	7
(ii.) Total number of examinations of children in the Schools by School Nurses	155,508
(iii.) Number of individual children found unclean	1,390
(iv.) Number of children cleansed under arrangements made by the Local Education Authority	34
(v.) Number of cases in which legal proceedings were taken :—	
(a) Under the Education Act, 1921	6
(b) Under School Attendance Bye-laws	3

SECONDARY SCHOOLS.

TABLE I.

NUMBER OF CHILDREN INSPECTED 1ST JANUARY, 1923, TO 31ST DECEMBER, 1923.

A.—ROUTINE MEDICAL INSPECTION.

Age.	Under 12	12	13	14	Other Ages.	Total.
Boys	3	118	60	20	175	376
Girls	90	348	195	169	712	1514
Totals	93	466	255	189	887	1890

B — SPECIAL INSPECTIONS.

	Special Cases.	Re-examinations.
Boys	15	7
Girls	770	340
Totals	785	347

Number of individual children found at Routine Medical Inspection to require treatment (excluding uncleanliness) 719

TABLE II.
RETURN OF DEFECTS FOUND IN THE COURSE OF MEDICAL
INSPECTION IN 1923.

Defect or Disease.					Routine Inspections.		Specials.	
					No. referred for Treatment. (2)	No. requiring to be kept under observation, but not referred for Treatment. (3)	No. referred for Treatment. (4)	No. requiring to be kept under observation, but not referred for Treatment. (5)
(1)								
	Malnutrition	..	..	..	—	9	—	14
	Uncleanliness:							
	Head	..	..	..	—	—	—	—
	Body	..	..	..	—	—	—	—
Skin	Ringworm:				1	—	—	—
	Scalp	..	..	..	—	—	—	—
	Body	..	..	..	—	2	—	—
	Scabies	..	..	..	—	—	—	—
	Impetigo	..	..	..	7	14	3	4
	Other Diseases (non-Tuberculous)							
Eye	Blepharitis	..	..	..	9	18	1	3
	Conjunctivitis	..	..	..	2	1	—	—
	Keratitis	..	..	..	—	—	—	—
	Corneal Opacities	..	..	..	—	—	—	—
	Defective Vision (excluding squint)				117	108	39	85
	Squint	..	..	..	1	1	—	1
Ear	Other Conditions	..	..	..	1	4	1	—
	Defective Hearing	..	..	..	6	6	1	13
	Otitis Media	..	..	..	6	1	2	—
	Other Ear Diseases	..	..	..	—	—	—	—
Nose and Throat	Enlarged Tonsils only	..	..	..	10	81	5	55
	Adenoids only	..	..	..	3	4	1	1
	Enlarged Tonsils and Adenoids	..	..	..	4	1	—	—
	Other Conditions	..	..	..	1	45	—	6
	Enlarged Cervical Glands (non-Tuberculous)	..	..	..	—	7	—	7
	Defective Speech	..	..	..	—	2	—	—
	Teeth—Dental Diseases	..	..	..	409	57	120	36
Heart and Circulation.	Heart Disease:							
	Organic	..	..	..	1	18	1	13
	Functional	..	..	..	1	12	1	6
	Anæmia	..	..	..	6	24	1	17
Lungs	Bronchitis	..	..	..	—	1	—	—
	Other non-Tuberculous Diseases	..	..	..	—	52	—	5
Tuber- culosis	Pulmonary:							
	Definite	..	..	..	—	—	—	—
	Suspected	..	..	..	—	—	—	1
	Non-Pulmonary:							
	Glands	..	..	..	—	2	—	—
	Spine	..	..	..	—	1	—	—
	Hip	..	..	..	—	—	—	—
	Other Bones and Joints	..	..	..	—	—	—	—
Nervous System	Skin	..	..	..	—	—	—	—
	Other Forms	..	..	..	—	—	—	—
	Epilepsy	..	..	..	1	3	—	—
	Chorea	..	..	..	—	13	—	4
	Other Conditions	..	..	..	—	7	—	6
Deformities	Rickets	..	..	..	1	22	1	18
	Spinal Curvature	..	..	..	3	72	—	22
	Other Forms	..	..	..	—	—	—	—
	Other Defects and Diseases	..	..	..	16	85	3	44

RETURN OF DEFECTS FOUND IN THE COURSE OF MEDICAL INSPECTION IN 1923.

SCHOLARSHIP HOLDERS, BURSARS, ETC.

Defect or Disease.					No. referred for Treatment.	No. requiring to be kept under observation, but not referred for Treatment.
Skin	Malnutrition	..	..	..	—	—
	Uncleanliness :					
	Head ..	..	..	..	—	—
	Body ..	..	..	..	—	—
	Ringworm :					
	Head ..	..	..	..	—	—
	Body ..	..	..	..	—	—
Eye	Scabies ..	..	..	..	I	—
	Impetigo ..	..	..	..	—	—
	Other Diseases (non-Tuberculous)	..		..	—	6
	Blepharitis ..	..	..	..	I	—
	Conjunctivitis ..	..	..	..	—	—
Ear	Keratitis ..	..	..	..	—	—
	Corneal Opacities ..	..	..	..	—	—
	Defective Vision (excluding squint)	..		..	37	21
	Squint ..	..	..	..	I	—
	Other Conditions ..	..	..	..	—	—
Nose and Throat.	Defective Hearing ..	..	..	..	I	3
	Otitis Media ..	..	..	..	—	2
	Other Ear Diseases ..	..	..	..	—	2
Enlarged Cervical Glands (non-Tuberculosis) ..	Enlarged Tonsils only ..	..	..	..	3	13
	Adenoids only ..	..	..	..	—	—
	Enlarged Tonsils and Adenoids ..	..	..	..	I	—
	Other Conditions ..	..	..	..	—	4
Defective Speech ..					—	—
Teeth—Dental Disease ..					107	12
Heart and Circulation.	Heart Disease :					
	Organic Disease ..	..	..	..	—	3
	Functional ..	..	..	..	—	—
Lungs	Anæmia ..	..	..	..	—	3
	Bronchitis ..	..	..	..	—	I
	Other Non-Tubercular Diseases ..	..		..	I	15
Tuberculosis.	Pulmonary :					
	Definite ..	..	..	..	—	—
	Suspected ..	..	..	..	—	—
	Non-Pulmonary :					
	Glands ..	..	..	..	—	I
	Spine ..	..	..	..	—	—
	Hip ..	..	..	..	—	—
	Other Bones and Joints ..	..	..	..	—	—
	Skin ..	..	..	..	—	—
Nervous System.	Other Forms ..	..	..	..	—	—
	Epilepsy ..	..	..	..	—	—
	Chorea ..	..	..	..	—	—
Deformities.	Other Conditions ..	..	..	..	—	I
	Rickets ..	..	..	..	—	I
	Spinal Curvature ..	..	..	..	—	9
Other Defects and Diseases ..					I	6
					9	6

Total number examined .. 533.

Number of Individual Children found to require Treatment (excluding uncleanliness) .. 148

